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Date of Deposit: 03/01/2000

Ref: Case Docket No.: P1523CIP

First Named Inventor: Dan Kikinis

Serial Number: 08/811,648

Filing Date: 03/05/1997

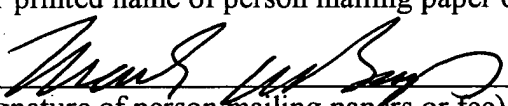
Title of Case: Apparatus and Methods for Home Networking for Single and Multimedia Electronic Devices (As Amended)

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment C.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Check for fees in the amount of 78.00.
5. Certificate of express mailing.
6. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)

03-03-00 QAU 2.757 \$/B

"Express Mail" Mailing Label Number: EJ745196037US

CASE DOCKET NO. P1523CIP

In reference to application of Dan Kikinis

Serial No. 08/811,648

For Apparatus and Methods for Home Networking for Single and Multimedia Electronic Devices
(As Amended)

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
- ☐ Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	12	Minus	**20	0	\$09.00	\$18.00	\$0
Indep. Claims	5	Minus	***3	2	\$39.00	\$78.00	\$78.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$0
Total additional for claims and time extensions							\$78.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 78.00 is attached.

☐ Charge \$_____ to deposit account _____ (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted,



Donald R. Boys
Reg. No. 35,074

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